

7/19/10 1:49:16
OK W BK 638 PG 248
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

Prepared by and return to:
David F. Delgado, Attorney
DELGADO LAW FIRM, PLLC
5779 Getwell Road, Bldg. D, Suite 5
Southaven, MS 38672
662-536-2120
MS Bar No. 99983
10-07-0107

Address of Grantor:
8870 Oakridge Dr.
Wails MS 38680
Residence Phone: 901-493-4134
Business Phone: N/A

Address of Grantee:
3360 Woodland Trace W
Southaven MS 38672
Residence Phone: 901-233-5955
Business Phone: N/A

Indexing Instructions: Lot 107, Section A, Brook Hollow Subdivision, in Section 24, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof record in Plat Book 7, Page 8, in the Office of the Chancery Clerk of DeSoto County, Mississippi

WARRANTY DEED

HENRY D. HILL,
A Married Person,

GRANTOR

TO

RAJI JOSEPH DABIT,

GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid by the Grantees to the Grantors, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, **HENRY D. HILL, a Married Person**, does hereby grant, bargain, sell, convey and warrant unto **RAJI JOSEPH DABIT, in fee simple** the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

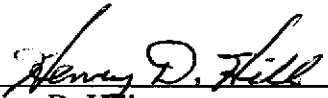
Lot 107, Section A, Brook Hollow Subdivision, in Section 24, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof record in Plat Book 7, Page 8, in the Office of the Chancery Clerk of DeSoto County, Mississippi, together with the improvements, hereditaments and appurtenances thereunto belonging.

Grantor hereby certifies that this property is not a part of his homestead.

By way of explanation, title to the aforementioned property was obtained by a Life Estate Quit Claim Deed whereby Ruth R. Hill conveyed the subject property to Henry D. Hill keeping unto herself a life estate in the subject property. The said Ruth R. Hill died on January 25, 2010 leaving as the survivor of that Life Estate Quit Claim Deed, her son, Henry D. Hill to whom all title and interest in hereby vested. A copy of Ruth R. Hill's death certificate is attached for reference.

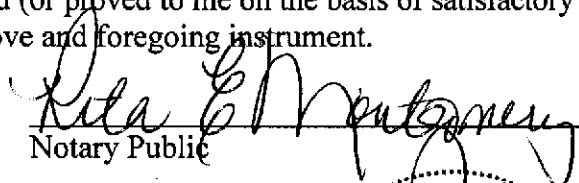
TO HAVE AND TO HOLD unto the Grantee, their heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following: subdivision and zoning regulations in effect in DeSoto County, Mississippi, to rights of way and easements for public roads and public utilities, and to the restrictive covenants of record for said subdivision. Taxes for the year of 2010 will be paid by the Grantee when due. Possession is to be given upon delivery of the deed.

WITNESS our signatures this the 12th day of July, 2010.

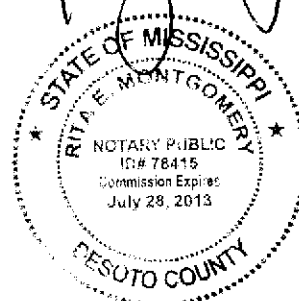

Henry D. Hill

**STATE OF MISSISSIPPI
COUNTY OF DESOTO**

Personally appeared before me, the undersigned authority in and for said State and County, on this the 12th day of July, 2010, within my jurisdiction the within named Henry D. Hill, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) who acknowledge that he executed the above and foregoing instrument.


Notary Public

My Commission Expires: 7-28-13



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

OK W BK 638 PG 250



9375820

2010-003159

FILING
DATE FEB 22 2010CERTIFICATE OF DEATH
STATE OF MISSISSIPPISTATE FILE
NUMBER 123

| | | | | | | |
|--|---|--|---|--|---|--|
| 1. NAME First Middle Last RUTH R. HILL | | | 2. SEX F | 3a. HOUR OF DEATH 10:30P m. | 3b. DATE OF DEATH (Month, Day, Year) JANUARY 25, 2010 | |
| 4. RACE (Specify White, Black, American Indian, etc.) White | 5a. AGE AT LAST BIRTHDAY 91 Years | ONLY IF UNDER 1 YEAR 5b. MOS 5c. DAYS | | ONLY IF UNDER 1 DAY 5d. HOURS 5e. MINS | | 6. DATE OF BIRTH (Month, Day, Year) February 12, 2018 |
| 7. STATE OF BIRTH Mississippi | | | | | | |
| 8. PLACE OF DEATH (Check only one box) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA | | 9. DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) | | | | |
| 9a. FACILITY NAME (If not a facility, give street address, route number, or other location. If hospital, also give ID number) BAPTIST HOSPITAL-DESOTO 17B | | | 9b. CITY, TOWN OR LOCATION OF DEATH SOUTHAVEN | | 9c. COUNTY OF DEATH DESOTO | |
| 10. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School (8-12) 8 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | | 12. SURVIVING SPOUSE (If wife, give maiden name) N/A | | 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO |
| 14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify) | | 15. USUAL OCCUPATION (Kind of work done post of working life) habilitation Instr. | | 16b. KIND OF BUSINESS OR INDUSTRY State Government | | |
| 17a. RESIDENCE - STATE MS | | 17b. COUNTY DeSoto | | 17c. CITY OR TOWN Southaven | | 17d. INSIDE CITY LIMITS (Specify Yes or No) Yes |
| 17e. STREET AND NUMBER OR RURAL LOCATION 108 Clarington Drive | | | | | | |
| 18. FATHER - NAME First Middle Last D.W. Jones | | 19. MOTHER - NAME First Middle Maiden Rhoda Barnes | | | | |
| 20a. INFORMANT - NAME (Type or print) Henry Doyle Hill | | 20b. RELATIONSHIP TO DECEDENT Son | | 20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 8870 Oak Ridge Dr, Walls, MS 38680 | | |
| 21a. DISPOSITION OF BODY (Specify Burial, Cremation, Removal, etc.) Burial | | 21b. CEMETERY/CREMATORY - NAME Mphs Memory Gardens | | 21c. LOCATION (City and State) Memphis | | 21d. EMBALMER - SIGNATURE AND LICENSE NUMBER > Not embalmed in MS |
| 22a. FUNERAL HOME - NAME Family Funeral Care | | 22b. FUNERAL HOME LICENSE NUMBER 1034 | | 22c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) P.O. Box 17069, Memphis, TN 38187-0069 | | |
| 23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) ISTVAN WOLLAK, MD | | 23b. PRONOUNCED DEAD (Month, Day, Year) JANUARY 25, 2010 | | 23c. PRONOUNCED DEAD (Hour) AT 10:30P m. | | |
| 24a. CERTIFIER - NAME (Type or print) JEFFERY POUNDERS, DMEI | | 24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 4942 POUNDERS RD, NESBIT, MS 38651 | | | | |
| 25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE > MD 25b. DATE SIGNED (Month, Day, Year) 25c. STATE LICENSE NUMBER | | 25d. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE > Jeffery Pounders 25e. TITLE DESOTO COUNTY DMEI 25f. DATE SIGNED (Month, Day, Year) FEBRUARY 12, 2010 | | | | |
| 26. PART I - Enter the chain of events, diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS. HEART FAILURE SEPTIC SHOCK | | Interval between onset and death | | | | |
| 27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. | | 28. AUTOPSY (Yes or No) NO | | | | |
| 29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) YES | | | | | | |
| 30. IF FEMALE, SPECIFY: <input type="checkbox"/> Was not pregnant within the past year <input type="checkbox"/> Was pregnant at the time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but had been pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | | | | | | |
| 31a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) 31b. DATE OF INJURY (Month, Day, Year) 31c. HOUR OF INJURY 31d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED | | | | | | |
| 31e. INJURY AT WORK (Yes or No) 31f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) 31g. LOCATION Street or route number City or town State | | | | | | |

Mississippi State Department of Health

Revised 1-4-08

Form 511

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

FEB 25 2010

Judy Moulder
STATE REGISTRAR

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.